

SPECIAL CHARITY GAME TICKET LICENSE APPLICATION

For Bureau Use Only

ALLOW 4 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

Q U A L I F I C A T I O N I N F O R M A T I O N	1. Organization Name			2. Organization ID Number or Last License Number Issued
	3. Organization Address			
	City	State	ZIP Code	County
	4. Has your organization ever received a license such as bingo, millionaire party, raffle, charity game ticket, or numeral game? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (517) 335-5780 to inquire as to what documentation must be submitted to qualify for licensing.			
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input type="checkbox"/> No	

S I G N A T U R E (S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer		Day ()
	Title		Evening ()
	Signature of Principal Officer		Date
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day ()
	Title		Evening ()
	Signature of Vice President or Equivalent		Date
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Other Officer		Day ()
	Title		Evening ()
	Signature of Other Officer		Date
	By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.		

**PLEASE COMPLETE THE BACK PAGE OF THIS APPLICATION
PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS**



COMPLETION: Required for licensure.
PENALTY: No license will be issued.

8. Contact Person			9. Location Where Charity Game Tickets Will Be Sold (building name, if any)	
Street Address Where License Should Be Mailed			Street Address	
City	State	ZIP Code	City	
Telephone Number (Day) ()	Telephone Number (Evening) ()		ZIP Code	County
10. Location is: (check one) <input type="checkbox"/> Your Own <input type="checkbox"/> Donated (no charge) <input type="checkbox"/> Rented (submit rental agreement)				
11. List name, home address, and telephone numbers of the person(s) in charge of charity game tickets. Must be member for 6 months. If more than 2 chairpersons, attach additional list.				
Charity Game Ticket Chairperson		Street, City, State, ZIP Code		Telephone Numbers
Name				Day ()
				Evening ()
Name				Day ()
				Evening ()
12. Event Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.): Date _____ Time (a.m./p.m.) _____ to _____ Date _____ Time (a.m./p.m.) _____ to _____ Date _____ Time (a.m./p.m.) _____ to _____ Date _____ Time (a.m./p.m.) _____ to _____			13. License Fee: \$15 per day up to 4 consecutive days <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: right;">\$15</div> <div style="margin: 0 10px;">X</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Number of Days</div> <div style="margin: 0 10px;">=</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">\$</div> </div> <div style="text-align: right; margin-top: 10px;">Make checks payable to: STATE OF MICHIGAN</div>	

Make checks payable to: STATE OF MICHIGAN
 Submit completed application, supporting documents, and license fee to:
 Charitable Gaming Division, c/o Accounting, Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933